

ST. MARY'S UNIVERSITY
DEPARTMENT OF COUNSELING &
HUMAN SERVICES
One Camino Santa Maria
San Antonio, Texas 78228-8527

CONSENT TO AUDIO/VIDEO TAPE

INSTRUCTIONS: Place in client's file after completion.

I, the undersigned, consent to the audio/video taping of my counseling sessions with the below listed Counseling Intern, in the Department of Counseling and Human Services.

I understand that these recordings may be used for any or all of the following purposes: My own reviews as suggested by my counselor; to aid my counselor in receiving effective consultation from another professional staff member; and/or to aid in the supervision and continued training of the Counseling Intern.

I also understand that all professionals who might listen or view my tape will treat all information as confidential.

I have the right to refuse this request now, or at any time in the future, or to the extent that action has not already been taken upon this release.

I also understand that the tape recordings are not entered into, or kept as a part of my permanent record and that my revocation of this consent does not jeopardize my right to receive counseling services.

SIGNATURES

CLIENT:
(Printed Name)

DATE:

CLIENT:
(Signature)

INTERN:
(Printed Name)

DATE:

INTERN:
(Signature)